# COMMONWEALTH OF KENTUCKY

## REGISTRAR OF VITAL STATISTICS

5474323

## CERTIFIED COPY

### KENTUCKY CERTIFICATE OF DEATH

116 201841147

Case #: E201811190191

To Be Completed By: **Funeral Director (Must Be Typed)**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1a. DECEDENT'S LEGAL NAME *(First, Middle, Last) (Include AKA's if any)* | | | | | | | 1b. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE | 2. SEX |
| BRENDA KAYE LOGAN | | | | | | | N/A | FEMALE |
| 3. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year) (Spell Month) | 4. SOCIAL SECURITY NUMBER | 5a. AGE-LAST BIRTHDAY (Years) | 5b. UNDER 1 YEAR Months | 5b. UNDER 1 YEAR Days | 5c. UNDER 1 DAY Hours | 5c. UNDER 1 DAY Minutes | 6. DATE OF BIRTH (MM/DD/YYYY) | 7. COUNTY OF DEATH |
| November 16, 2018 | 407-62-[redacted] | 73 | | | | | [redacted] | LOGAN |

8. PLACE OF DEATH *(Check only one)*
HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ Dead on Arrival OTHER: ☐ Hospice Facility ☒ Nursing Home/Long Term Care Facility ☐ Decedent's Residence ☐ Other (Specify)

| 9. FACILITY NAME *(If not institution, give street and number)* | 10. CITY OR TOWN, STATE AND ZIP CODE |
|---|---|
| AUBURN HEALTH CARE | AUBURN, KY 42206 |

| 11. BIRTHPLACE (City and State or Foreign Country) | 12. MARITAL STATUS | 13. SURVIVING SPOUSE (If wife, give name prior to first marriage) |
|---|---|---|
| LEWISBURG, KENTUCKY | ☐ Married ☐ Married but Separated ☐ Widowed ☐ Divorced ☒ Never Married ☐ Unknown | N/A |

| 14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life.) (Do not use retired) | 15. KIND OF BUSINESS/INDUSTRY | 16. WAS DECEDENT EVER IN U.S. ARMED FORCES? |
|---|---|---|
| HOMEMAKER | OWN HOME | ☐ Yes ☒ No |

| 17a. RESIDENCE - State | 17b. COUNTY | 17c. CITY OR TOWN | 17d. STREET AND NUMBER | 17e. ZIP CODE | 17f. INSIDE CITY LIMITS? |
|---|---|---|---|---|---|
| KENTUCKY | LOGAN | RUSSELLVILLE | 109 CLINTON STREET | 42276 | ☒ Yes ☐ No |

18. DECEDENT'S EDUCATION
(Check the box that best describes the highest degree or level of school completed at the time of death.)
☒ 8th Grade or Less
☐ 9th -12th Grade; No Diploma
☐ High School Graduate or GED Completed
☐ Some College Credit but No Degree
☐ Associates Degree (e.g., AA, AS)
☐ Bachelor's Degree (e.g., BA, AB, BS)
☐ Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)

19. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.)
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino
(Specify) _____

20. DECEDENT'S RACE
(Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ Native Hawaiian
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Guamanian or Chamorro
☐ Korean
☐ Vietnamese
☐ Samoan
☐ Other Asian (Specify) _____
☐ Other Pacific Islander (Specify) _____
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
☐ Other (Specify) _____

| 21. FATHER'S NAME (First, Middle, Last) | 22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) |
|---|---|
| PORTER EARL LOGAN | ESSIE BELLE MANSFIELD |

| 23a. INFORMANT'S NAME | 23b. RELATIONSHIP TO DECEDENT | 23c. MAILING ADDRESS (Street and Number, City, State, Zip Code) |
|---|---|---|
| MAGGIE BELTOWSKI | SISTER | 1061 SHARKERTOWN ROAD, ROCKFIELD, KY 42274 |

| 24. METHOD OF DISPOSITION *(Check only one):* | 25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | 26. LOCATION - City, Town, and State |
|---|---|---|
| ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____ | SMITH CEMETERY | AUBURN, KY |

| 27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) | DATE SIGNED (MM/DD/YYYY) | 28. KY LICENSE NUMBER (of licensee) | 29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY |
|---|---|---|---|
| TAMMERIA T. RAMSEY | 11/19/2018 | 6699 | SUMMERS, KIRBY & SANDERS FUNERAL HOME<br>PO BOX 56<br>RUSSELLVILLE, KY 42276 |

**(Must Use Blue/Black Ink)** Electronic signature is legally acceptable pursuant to KRS 369.107 & KRS 369.118

To Be Completed By: **Medical Certifier**

| 30. DATE PRONOUNCED DEAD (MM/DD/YYYY) | 31. ACTUAL OR PRESUMED TIME OF DEATH | 32. WAS MEDICAL EXAMINER OR CORONER CONTACTED? |
|---|---|---|
| 11/16/2018 | 0735 | ☒ Yes ☐ No |

**CAUSE OF DEATH**

33. PART I. Enter the chain of events - diseases, injuries, or complications - that caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on each line.

| | | Approximate Interval Between Onset and Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) -> | a. OVARIAN CANCER | 2010 YEAR(S) |
| Sequentially list conditions, if any, leading to the cause listed on line a. | DUE TO (OR AS A CONSEQUENCE OF): b. | |
| Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST | DUE TO (OR AS A CONSEQUENCE OF): c. | |
| | DUE TO (OR AS A CONSEQUENCE OF): d. | |

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I

34. MANNER OF DEATH
☒ Natural ☐ Accident ☐ Homicide ☐ Pending Investigation ☐ Suicide ☐ Could not be Determined

| 35. WAS AN AUTOPSY PERFORMED? | 37. DID TOBACCO USE CONTRIBUTE TO DEATH? | 38. IF FEMALE: |
|---|---|---|
| ☐ Yes ☒ No | ☐ Yes ☐ Probably ☒ No ☐ Unknown | ☒ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Unknown if pregnant within past year |
| 36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No | | |

| 39. DATE OF INJURY (Month/Day/Year) (Spell Month) | 40. TIME OF INJURY | 41. INJURY AT WORK? | 42. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area) | 43. IF TRANSPORTATION INJURY, SPECIFY: |
|---|---|---|---|---|
| | | ☐ Yes ☐ No | | ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify) _____ |

| 44. DESCRIBE HOW INJURY OCCURRED: | 45. LOCATION OF INJURY (Street and Number, City or Town, State, Zip Code) |
|---|---|
| | |

46. TO BE COMPLETED BY CERTIFIER:
To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated.
SIGNATURE KREDDY
**(Must Use Blue/Black Ink)** Electronic signature is legally acceptable pursuant to KRS 369.107 and KRS 369.118

| 47. DATE CERTIFIED *(MM/DD/YYYY)* | 48. LICENSE NUMBER | 49. TITLE OF CERTIFIER |
|---|---|---|
| 11/27/2018 | 36342 | PHYSICIAN |

50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33) KARUNA REDDY
FAMILY MEDICAL CLINIC (FRANKLIN), 1100 BROOKHAVEN RD SUITE 103, FRANKLIN, KY 42134

| 51. REGISTRAR'S SIGNATURE | 52. DATE FILED (MM/DD/YYYY) |
|---|---|
| Christina S. Stewart | 11/27/2018 |

This is to certify that this is a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered at the Kentucky Office of Vital Statistics under the file number shown.

DATE ISSUED 11/27/2018

Christina S. Stewart
State Registrar

COMMONWEALTH OF KENTUCKY — UNITED WE STAND DIVIDED WE FALL

FORM VS NO. 1-A
(REVISED 06/2015)

DOCUMENT CONTAINS A WATERMARK – HOLD UP TO LIGHT TO VIEW

# KENTUCKY CERTIFICATE OF DEATH

116 201841147
Case #: E201811190191

**To Be Completed By: Funeral Director (Must Be Typed)**

1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any): **BRENDA KAYE LOGAN**

1b. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE: **N/A**

2. SEX: **FEMALE**

3. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year) (Spell Month): **November 16, 2018**

4. SOCIAL SECURITY NUMBER: **407-62-2358**

5a. AGE-LAST BIRTHDAY (Years): **73**

5b. UNDER 1 YEAR: Months / Days

5c. UNDER 1 DAY: Hours / Minutes

6. DATE OF BIRTH (MM/DD/YYYY): **07/15/1945**

7. COUNTY OF DEATH: **LOGAN**

8. PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ Dead on Arrival OTHER: ☐ Hospice Facility ☒ Nursing Home/Long Term Care Facility ☐ Residence ☐ Other (Specify) — Decedent's

9. FACILITY NAME (If not institution, give street and number): **AUBURN HEALTH CARE**

10. CITY OR TOWN, STATE AND ZIP CODE: **AUBURN, KY 42206**

11. BIRTHPLACE (City and State or Foreign Country): **LEWISBURG, KENTUCKY**

12. MARITAL STATUS: ☐ Married ☐ Widowed ☒ Never Married ☐ Married but Separated ☐ Divorced ☐ Unknown

13. SURVIVING SPOUSE (If wife, give name prior to first marriage): **N/A**

14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life.) (Do not use retired): **HOMEMAKER**

15. KIND OF BUSINESS/INDUSTRY: **OWN HOME**

16. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

17a. RESIDENCE - State: **KENTUCKY**

17b. COUNTY: **LOGAN**

17c. CITY OR TOWN: **RUSSELLVILLE**

17d. STREET AND NUMBER: **109 CLINTON STREET**

17e. ZIP CODE: **42276**

17f. INSIDE CITY LIMITS? ☒ Yes ☐ No

18. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.)
- ☒ 8th Grade or Less
- ☐ 9th -12th Grade; No Diploma
- ☐ High School Graduate or GED Completed
- ☐ Some College Credit but No Degree
- ☐ Associates Degree (e.g., AA, AS)
- ☐ Bachelor's Degree (e.g., BA, AB, BS)
- ☐ Master's Degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- ☐ Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)

19. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.)
- ☒ No, not Spanish/Hispanic/Latino
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- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
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20. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
- ☒ White
- ☐ Black or African American
- ☐ Native Hawaiian
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Guamanian or Chamorro
- ☐ Korean
- ☐ Vietnamese
- ☐ Samoan
- ☐ Other Asian (Specify) _____
- ☐ Other Pacific Islander (Specify) _____
- ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
- ☐ Other (Specify) _____

21. FATHER'S NAME (First, Middle, Last): **PORTER EARL LOGAN**

22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): **ESSIE BELLE MANSFIELD**

23a. INFORMANT'S NAME: **MAGGIE BELTOWSKI**

23b. RELATIONSHIP TO DECEDENT: **SISTER**

23c. MAILING ADDRESS (Street and Number, City, State, Zip Code): **1061 SHARKERTOWN ROAD, ROCKFIELD, KY 42274**

24. METHOD OF DISPOSITION (Check only one): ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) _____

25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **SMITH CEMETERY**

26. LOCATION - City, Town, and State: **AUBURN, KY**

27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such): **TAMMERIA T. RAMSEY** — DATE SIGNED (MM/DD/YYYY): **11/19/2018**

(Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 369.107 & KRS 369.118

28. KY LICENSE NUMBER (of licensee): **6699**

29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: **SUMMERS, KIRBY & SANDERS FUNERAL HOME**
**PO BOX 56**
**RUSSELLVILLE, KY 42276**

**To Be Completed By: Medical Certifier**

30. DATE PRONOUNCED DEAD (MM/DD/YYYY): **11/16/2018**

31. ACTUAL OR PRESUMED TIME OF DEATH: **0735**

32. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☒ Yes ☐ No

**CAUSE OF DEATH**

33. PART I. Enter the chain of events - diseases, injuries, or complications - that caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on each line.

| | | Approximate Interval Between Onset and Death. |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) -> | a. **OVARIAN CANCER** | **2010 YEAR(S)** |
| Sequentially list conditions, if any, leading to the cause listed on line a. | DUE TO (OR AS A CONSEQUENCE OF): b. | |
| Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) **LAST** | DUE TO (OR AS A CONSEQUENCE OF): c. | |
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PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I

34. MANNER OF DEATH
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- ☐ Accident
- ☐ Homicide
- ☐ Pending Investigation
- ☐ Suicide
- ☐ Could not be Determined

35. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

37. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown

38. IF FEMALE:
- ☒ Not pregnant within past year
- ☐ Not pregnant, but pregnant within 42 days of death
- ☐ Not pregnant, but pregnant 43 days to 1 year before death
- ☐ Pregnant at time of death
- ☐ Unknown if pregnant within past year

39. DATE OF INJURY (Month/Day/Year) (Spell Month)

40. TIME OF INJURY

41. INJURY AT WORK? ☐ Yes ☐ No

42. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area)

43. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify) _____

44. DESCRIBE HOW INJURY OCCURRED:

45. LOCATION OF INJURY (Street and Number, City or Town, State, Zip Code)

46. TO BE COMPLETED BY CERTIFIER:
To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated.
SIGNATURE **KREDDY**
(Must Use Blue/Black Ink) Electronic signature is legally acceptable pursuant to KRS 369.107 and KRS 369.118

47. DATE CERTIFIED (MM/DD/YYYY): **11/27/2018**

48. LICENSE NUMBER: **36342**

49. TITLE OF CERTIFIER: **PHYSICIAN**

50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33) **KARUNA REDDY**
**FAMILY MEDICAL CLINIC (FRANKLIN), 1100 BROOKHAVEN RD SUITE 103, FRANKLIN, KY 42134**

51. REGISTRAR'S SIGNATURE: Christina S. Stewart

52. DATE FILED (MM/DD/YYYY): **11/27/2018**



FORM VS NO. 1-A
(REVISED 06/2015)